



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000007

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW ENGLAND STEAK HOUSE, INC.

DOING BUSINESS AS NEW ENGLAND STEAK & SEAFOOD

ADDRESS UXBRIDGE RD. RTE.16

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: QUIRK, JOHN E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR APPROX. 10000 SQ. FT. ...COCKTAIL LOUNGE, BAR, BANQUET ROOM,  
KITCHEN, SHED, AND OFFICE...2 OUTSIDE SEATING AREAS, LOWER LEVEL BANQUET  
ROOM, 5000 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000008

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROULEAU & SON INC.

DOING BUSINESS AS MYRIAD BALLROOM

ADDRESS UXBRIDGE ROAD RTE.16

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: ROULEAU, JON E. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BALLROOM LOCATED AT LAKEVIEW PARK IN MENDON. MAIN ENTRANCE NEAR LEFT CORNER OF BLDG FROM THE PARKING LOT AND TWO SIDE ENTRANCES ALSO FACING PARKING LOT.

I hereby certify and swear under penalties of perjury that:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000010

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAVENPORT BEVERAGE CORP.

DOING BUSINESS AS POP N' KORK

ADDRESS 1 A CAPE ROAD

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: EVERETT, PAUL  
D. III

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

8600 SQ. FT BLDG. ONE ROOM WITH SMALL OFFICE AND 2 BATHROOMS, TWO  
ENTRANCES IN FRONT AND ONE IN REAR FOR DELIVERY.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000012

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LABH INC.

DOING BUSINESS AS MENDON WINE & SPIRITS

ADDRESS 32A HASTINGS STREET

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: PATEL, RAMABHA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
I

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BUILDING OCCUPYING 1ST FLOOR ONLY CONSISTING OF 2000 SQ FT, LARGE  
SALES ROOM, REAR STORAGE ROOM & ONE OFFICE...ONE FRONT ENTRANCE & ONE  
LARGER REAR ENTRANCE FOR DELIVERY

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000016

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROY VENTURES CORPORATION

DOING BUSINESS AS THE END ZONE SPORTS PUB; THE OUTER LIMITS

ADDRESS 39 MILFORD STREET

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: VAZ, ROY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF FOUR ROOMS, ONE DINING ROOM, ONE BAR AREA, ONE KITCHEN AND ONE STORAGE AREA

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000017

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALCANTE, LLC.

DOING BUSINESS AS ALCANTE MEDITERRANEAN GRILL

ADDRESS 84 UXBRIDGE ROAD

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: ALVES, JOE M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

WOOD FRAME BLDG. WITH A DINING ROOM. LOUNGE, KITCHEN TAKE OUT AREA, FUNCTION ROOM IN CELLAR & STORAGE AREA. ENTRANCES IN FRONT, LOUNGE, KITCHEN & TAKE OUT AREA. 10'X 29' WOODEN DECK ATTACHED TO THE MAIN DINING ROOM LOCATED IN THE REAR OF BUILDING (SEASONAL)

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000018

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BARRY PHANEUF

DOING BUSINESS AS BARRY'S PLACE

ADDRESS 35 HASTINGS STREET

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM AND LOUNGE, ALL ON THE FIRST FLOOR WITH A SMALL KITCHEN AND STORAGE AREA. THERE IS A FRONT DOOR FOR ENTRANCE AND EXIT AND A REAR SERVICE DOOR.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000019

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NLCK, INC.

DOING BUSINESS AS LOWELL'S RESTAURANT

ADDRESS 75 CAPE ROAD

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: KOTSIANAS,  
NICKOLAOS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 DINING ROOM RESTAURANT SITUATED ON ONE GROUND FLOOR

I hereby certify and swear under penalties of perjury that:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000025

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KRISTIN'S VARIETY, INC.

DOING BUSINESS AS GENERAL STORE

ADDRESS 32 HASTINGS STREET

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: HADDAD,  
IBRAHIM

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF 4 ROOMS, ONE KITCHEN AND ONE STORE ROOM

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000028

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILLOW BROOK RESTAURANT LLC

DOING BUSINESS AS WILLOW BROOK RESTAURANT

ADDRESS 16 HASTINGS

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: HACKENSON, STEVE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NEW ONE STORY 7800 SQ. FT. RESTAURANT, SERVICE BAR ONLY AB LICENSE EXISTED PRIOR TO FIRE 2004

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000029

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MISS MENDON DINER, INC

DOING BUSINESS AS

ADDRESS 16 UXBRIDGE RD

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: CARDELLA, DANIEL  
TYPE OF LICENSE: Restaurant  
L

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINER WITH 3 EXITS, SEATING FOR 45

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000030

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MISS MENDON DINER II INC

DOING BUSINESS AS

ADDRESS 20 UXBRIDGE RD

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER:

TYPE OF LICENSE: General on  
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LARGE COMMERCIAL BLDG, 16 EXITS, 2 STORY WITH ELEVATOR, 6 BATHROOMS

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000031

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLACKSTONE VALLEY PIZZA LLC

DOING BUSINESS AS THE HIDE-A-WAY PIZZA

ADDRESS 95 UXBRIDGE ST

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: MARINO, DANIEL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STAND ALONE BLSG. W/ICE CREAM SHACK SERVING DRINKS INSIDE APPROX. 20 SEATS  
SERVING DRINKS AT PICNIC TABLES OUTSIDE.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 069000032

CITY OR TOWN MENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MJM MCCARTHY GREENHOUSE, INC

DOING BUSINESS AS THE GREENHOUSE WOOD FIRED PUB

ADDRESS 3 cape road

CITY/TOWN: MENDON

STATE: MA

ZIP CODE: 01756

MANAGER: MCCARTHY, JOHNTYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

FREE STANDING BUILDING. AT THE FRONT IS THE MAIN ENTRANCE GOING INTO THE LOUNGE. AS YOU PASS THROUGH THE LOUNGE INTO THE DINING ROOM YOU PASS 2 BATHROOMS AND A WAITRESS STATION. IN THE DINING ROOM THERE ARE 2 DOORS ON THE LEFT SIDE THAT GO OUTSIDE. ONE TAKES YOU DIRECTLY TO A PATIO, THE OTHER FURTHER DOWN TAKE S YOU TO A PATH TO THE PATIO. OFF THE DINING ROOM IS THE KITCHEN WITH A LARGE EXIT FOR DELEIVERIES. THERE IS A FULL BASEMENT UNDER EVERYTHING EXCEPT THE LOUNGE WITH STAIRS GOING FROM THE LOUNGE & THE KITHCEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

